

**New Jersey Department of Human Services
Division of Aging Services
Office of Community Choice Options**

☐ **Northern Regional**
Community Choice Options Field Office
Telephone: (732) 777-4650
Fax: (732) 777-4681

☐ **Southern Regional**
Community Choice Options Field Office
Telephone: (609) 704-6050
Fax: (609) 704-6055

REQUEST FOR BILLING ASSISTANCE

Facility Name		Provider Number	
Facility Contact Person		Telephone Number	Fax Number
Client Name (Last) (First) (MI)			
Social Security Number		Medicaid Number	
Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Edit/Error Code(s)
Date of Admission	Date of PAS		
Denied Dates of Service		Date LTC-2 Submitted (<i>Attach proof of LTCFO Referral</i>)	
Provider Explanation, if necessary:			

FOR LONG TERM CARE FIELD OFFICE USE ONLY

Action Taken/Explanation:
Date Corrected:
Correction Could Not be Made (Explanation):